

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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37	1					
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	1					
52		1				
53		1				
54		1				
55		1				
56	1	1				
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100						
TOTAL IND.	8					
TOTAL DEP.		4				
TOTAL CLAIMS	24					